

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
MEDI-CAL RESIDENT**

1. CONTRACTOR: _____

2. EVALUATOR: _____

3. FACILITY: _____

4. RESIDENT LAST NAME: _____

5. RESIDENT FIRST NAME: _____

6. DATE OF BIRTH: _____

7. MEDI-CAL ID NUMBER: _____

8. LEVEL I COMPLETION DATE: _____

9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

CONFIDENTIAL CLIENT/RESIDENT INFORMATION
See W & I Code Section 5328

See reverse for Non-Medi-Cal resident

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
NON-MEDI-CAL RESIDENT**

1. CONTRACTOR: _____
2. EVALUATOR: _____
3. FACILITY: _____
4. RESIDENT LAST NAME: _____
5. RESIDENT FIRST NAME: _____
6. DATE OF BIRTH: _____
7. SOCIAL SECURITY NUMBER: _____
8. LEVEL I COMPLETION DATE: _____
9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named resident. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASARR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident's chart, DMH requested that this form be included in the resident's chart to document completion of the PASRR/MI Level II evaluation.

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See reverse for Medi-Cal resident